

**CITY OF TAMPA  
DEVELOPMENT & GROWTH MANAGEMENT  
HISTORIC PRESERVATION COMMISSION**

**APPLICATION FOR CITY OF TAMPA LOCAL HISTORIC DESIGNATION**

<b>This space for HPC office use only</b>	Case No.: HPC _____
<input type="checkbox"/> Local Landmark	Received by: _____
<input type="checkbox"/> Multiple Properties Listing: _____	Date: _____
<input type="checkbox"/> Contributing Structure to the <input type="checkbox"/> Local and/or <input type="checkbox"/> National _____ Historic District	
<input type="checkbox"/> Currently in the Local Historic District <input type="checkbox"/> Currently in the National Historic District	

**1. Applicant/Owner Information**

Date of Application: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Is the Applicant the Property Owner?  Yes  No

**\*If the applicant is not the owner, an Affidavit to Authorize Agent is required.**

Name of Property Owner: \_\_\_\_\_  
(if different from applicant)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**\*If the property is under multiple ownership, attach additional sheets as necessary.**

**2. Property Information**

Address: \_\_\_\_\_ City: Tampa State: Florida Zip Code: \_\_\_\_\_

Folio #: \_\_\_\_\_ Pin #: \_\_\_\_\_

Lot(s): \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Date of Construction: \_\_\_\_\_ Architect(s), if known: \_\_\_\_\_

**3. Reason for Applying for Designation**

(attach additional sheets as necessary)

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**4. Exhibits**

**Required attachments:**

- Current deed to the property, indicating ownership and legal description
- Proof of legal authority to sign for ownership (if property has multiple owners or is owned by an organization)
- Recent color photographs of all elevations of the structures on the property and all site elements
- Location map

**Additional attachments:** If available, please attach the property survey, historic photographs, drawings, plans, or other documents.

**5. Please read and sign below:**

By submission of this Application for City of Tampa Local Historic Designation, you are requesting the evaluation of your property’s historic significance in accordance with the criteria set forth in Section 27-257, City of Tampa Code of Ordinances. Based on this request, the property may be determined eligible for local historic designation as a Landmark or as part of a Multiple Property Designation.

Historic properties designated by the City of Tampa as a Landmark or as part of a Multiple Property Designation are subject to the requirements of Chapter 27, Article II, Division 4, City of Tampa Code of Ordinances, and are required to receive a Certificate of Appropriateness from the Architectural Review Commission or the Barrio Latino Commission, as applicable, for exterior changes to the building and site, as more specifically as delineated in Sections 27-95 and 27-113, City of Tampa Code of Ordinances.

**The Application for City of Tampa Local Historic Designation must be signed by the all owners (or their authorized agents) of the real property included in the request in order to be considered complete. Attach additional sheets if necessary.**

Signature ( <b>Owner/Authorized Agent</b> )	Printed Name	Date
Signature ( <b>Owner/Authorized Agent</b> )	Printed Name	Date

STATE OF FLORIDA – COUNTY OF HILLSBOROUGH

Sworn to (or affirmed) and subscribed before me, by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by the above named Property Owner(s)/Agent(s). Such person(s) is/are  personally known to me or  produced a/an \_\_\_\_\_ state driver license(s)/ID card(s) as identification.

[AFFIX NOTARY PUBLIC SEAL]

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Notary Public, State of Florida  
My commission expires: \_\_\_\_\_ Serial No if any: \_\_\_\_\_

**CITY OF TAMPA  
DEVELOPMENT & GROWTH MANAGEMENT  
HISTORIC PRESERVATION COMMISSION**

**AFFIDAVIT TO AUTHORIZE AGENT**

STATE OF FLORIDA - COUNTY OF HILLSBOROUGH

\_\_\_\_\_ who reside(s) at  
(NAME OF ALL PROPERTY OWNERS)

\_\_\_\_\_  
(ADDRESS: STREET, CITY, STATE, ZIP)

\_\_\_\_\_  
(PHONE NUMBER)

being first duly sworn, depose(s) and say(s):

1. That (I /we) are the owner(s) and record title holder(s) of the following property:

\_\_\_\_\_

2. That this property constitutes the property for which a request for proposed work: (NATURE OF REQUEST)

\_\_\_\_\_  
\_\_\_\_\_

is being applied to the **Historic Preservation Commission**.

3. That the undersigned (has/have) appointed and (does/do) appoint: **(Agent Name)** \_\_\_\_\_  
(Address) \_\_\_\_\_ (Phone) \_\_\_\_\_

as (his/her/their) agent(s) to execute any petitions or other documents necessary to affect such petition;

4. That this affidavit has been executed to induce the City of Tampa, Florida, to consider an act on the above described property;

5. That (I/we), the undersigned authority, hereby certify that the foregoing is true and correct.

\_\_\_\_\_  
SIGNED (**Property Owner**)

\_\_\_\_\_  
SIGNED (**Property Owner**)

\_\_\_\_\_  
SIGNED (**Property Owner**)

\_\_\_\_\_  
SIGNED (**Property Owner**)

STATE OF FLORIDA – COUNTY OF HILLSBOROUGH

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[AFFIX NOTARY PUBLIC SEAL]

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Notary Public, State of Florida

My commission expires: \_\_\_\_\_ Serial No if any: